

Montana Public Vaccine and Eligible Populations – 2016 Federal Fiscal Year (starting October 1, 2015)

County Health Department with FQHC/RHC Designation or Deputization

“X” indicates eligible population at your facility. ■ Indicates ineligible population or unavailable vaccine.

Vaccine Category	Vaccines	Funding Source	VFC Categories (through 18 years)				State-Underinsured ⁴	Adult		CDC Fully Insured ⁵
			Medicaid	American Indian/Alaskan Native	Uninsured ²	VFC/CDC Underinsured ³		Uninsured	CDC Underinsured ³	
Pediatric	DTaP IPV HIB Hep B Hep A PCV13 PPSV23 MMR Rotavirus Varicella Influenza	VFC	X	X	X	X	■	■	■	■
Adolescent	MCV Tdap HPV	VFC State	X	X	X	X	X	■	■	■
Adult ¹	Hep A/B Tdap MMR HPV PPSV23 Influenza	317	■	■	■	■	■	X	X	■
imMTrax Eligibility Designation ⁶			Medicaid Recipient	American Indian or Alaskan Native	Not Insured	Underinsured-VFC	Underinsured-State supplied	Not Eligible Adult-Not Insured	Not Eligible Adult-Underinsured	Not Eligible

¹ 2016 State-supplied adult vaccine is only distributed to public clinics.

² Uninsured: A person who has no public or private health insurance.

³ VFC/CDC Underinsured: A person who has health insurance, but the coverage does not include vaccines, only covers select vaccines, or coverage is capped at a certain amount. They are underinsured for the non-covered vaccines and vaccines received after exceeding the cap (FQHC/RHCs only).

⁴ State Underinsured: A person who has health insurance that covers or partially covers vaccines, but the co-pay or deductible is considered not affordable by the patient/parent/guardian (local health departments only).

⁵ CDC Fully Insured: Anyone with insurance that covers the cost of vaccine, even if the insurance includes a high deductible or co-pay, or if a claim for the cost of the vaccine and its administration would be denied for payment by the insurance carrier because the plan's deductible had not been met.

⁶ The imMTrax eligibility designation “Unknown or Undetermined” is not allowed when using public vaccine.